WEEKLY ATTENDANCE AND MEAL RECORD   Week of _____

1. Check off all meals served to a child (✓)
2. A child may be claimed for a maximum of two meals and one snack *or* two snacks and one meal per day.
3. Indicate by use of a colored slash mark specific meals/snacks that will be claimed for reimbursement. (✓)

NAME	MONDAY						TUESDAY						WEDNESDAY						THURSDAY						FRIDAY						SATURDAY					
	BREAKFAST	AM SNACK	LUNCH	PM SNACK	DINNER	NITE SNACK	BREAKFAST	AM SNACK	LUNCH	PM SNACK	DINNER	NITE SNACK	BREAKFAST	AM SNACK	LUNCH	PM SNACK	DINNER	NITE SNACK	BREAKFAST	AM SNACK	LUNCH	PM SNACK	DINNER	NITE SNACK	BREAKFAST	AM SNACK	LUNCH	PM SNACK	DINNER	NITE SNACK	BREAKFAST	AM SNACK	LUNCH	PM SNACK	DINNER	NITE SNACK

TOTALS   _____   _____   _____   _____   _____   _____